

THE INDIVIDUALIZED EDUCATION PROGRAM FOR:

Name: First	Middle	Last
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STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address:	Phone:
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Birth date: / / Age:	Student ID #:
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Present Grade Level:	Resident District Home School:
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If the child is **Not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.

District/Agency Name:

School Name:

Address:

Phone:

Primary Language or Communication Mode(s): ☐English ☐Spanish ☐sign language ☐other (specify)_____

Educational Decision Maker is: ☐Parent ☐Legal Guardian ☐Educational Surrogate ☐Foster Parent ☐Child [aged 18+]
☐other _____

Name:

Address:

Phone:

Email:

Fax:

IEP Case Manager:

Case Manager phone number:

IEP Type ☐ Initial ☐ Annual

Date of most recent evaluation/reevaluation / /

Projected date for next triennial evaluation / /

IEP CONTENT (Required):	
1.	Present levels of academic achievement and functional performance, including how the child's disability affects involvement and progress in the general education curriculum (this includes descriptions of all current classroom assignments, tests, and other classroom activities);
2.	Measurable annual goals, designed to meet the child's unique needs and to enable the child to be involved in and progress in the general education curriculum (this includes descriptions of all current classroom assignments, tests, and other classroom activities);
3.	How the child's disability affects the child's participation with children who are not disabled;
4.	Statement of the special education and related services to be provided to the child, the frequency and intensity of those services, and the extent to which the child will be educated with children who are not disabled, and the extent to which the child will participate in extracurricular and nonacademic activities;
5.	Statement of the procedures used to measure the child's progress and how progress will be measured;
6.	Statement of the child's parents and the school's agreement regarding the child's participation in state or district-wide assessment programs that are not part of the child's IEP;
7.	Other matters relating to the child that the IEP team determines to be necessary.

Date of IEP Meeting: / /	Initiation Date of IEP: / /
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Projected Date of Annual IEP Review: / /	Parent(s)/Legal Guardian(s) provided copy of this IEP: / /
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PARTICIPANTS IN IEP MEETING AND ROLE(S)	
1	Parent
2	Teacher
3	Special Education Teacher
4	Principal
5	Special Education Coordinator
6	Speech Therapist
7	Occupational Therapist
8	Behavior Specialist
9	Psychologist
10	Other

The names and roles of individuals **participating in developing** the IEP meeting must be documented.

Name of Person and Role		Method of Attendance
Signatures are not required. If a signature is used it only indicates attendance, not agreement.		
	Parent/Guardian	
	Parent/Guardian	
	Student	
	LEA Representative	<input type="checkbox"/> in person (* required participant)
	Special Education Teacher	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
	Regular Classroom Teacher	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
	Individual Interpreting Instructional Implications of Evaluation Results	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
	Part C Representative (if applicable)	
	Other:	
	Other:	

1. Present Level of Academic Achievement and Functional Performance

Present Level must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities.

- The strengths of the child

- Concerns of the parent/guardian for enhancing the education of the child

- Changes in current functioning of the child since the initial or prior IEP

- A summary of the most recent evaluation/re-evaluation results

- A summary of the results of the child's performance on:
 - general state (MAP/MAP-A):

 - district-wide assessments:

- For students participating in alternative assessments, a description of benchmarks or short-term objectives
N/A Objectives/benchmarks are on goal page(s)
Objectives/benchmarks described below:

2. Special Considerations: Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

Is the student blind or visually impaired?

- ☐ No
☐ Yes. If yes, complete Form A: Blind and Visually Impaired.

Is the student deaf or hearing impaired?

- ☐ No
☐ Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

Does the student use an assistive hearing device? ☐ No ☐ Yes If, yes, acknowledge the next two items.

- ☐ Assistive hearing device monitoring will be done on a daily basis and during evaluation procedures.
☐ Evaluation of hearing aid/amplification system is completed annually. Date last completed: / / . (month/day/year)

Does the student exhibit behaviors that impede his/her learning or that of others?

- ☐ No
☐ Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP.

Does the student have limited English proficiency?

- ☐ No
☐ Yes. The student's language needs are addressed in this IEP.

Does the student have communication needs?

- ☐ No
☐ Yes. The student's communication needs are addressed in this IEP.

Does the student require Assistive Technology device(s) and/or services?

- ☐ No
☐ Yes. The student's assistive technology needs are addressed in this IEP.

Extended School Year:

- ☐ No. The student is not eligible for ESY services.
☐ Yes. The student is eligible for ESY services. **Complete Form B**
☐ The need for ESY services will be addressed at a later date. Will be addressed by / (month/year).

Attach IEP Addendum page and Form B

Post-secondary Transition Services: (must be addressed not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)

- ☐ Transition services not required.
☐ Transition services required. **Complete Form C.**

Transfer of Rights: Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- ☐ N/A for this student/IEP
☐ Notification was given: / / (month/day/year).

State Assessments

Are there state assessments administered for this student's age/grade level?

- ☐ No
☐ Yes. If yes, **Complete Form D.**

District-wide Assessments

Are there district-wide assessments administered for this student's age/grade level?

- ☐ No
☐ Yes. If yes, **Complete Form E.**

3. IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal #: _____

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Periodic Progress Report

Progress Toward the Goal

Date of Report	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Making progress toward annual goal								
Not making progress toward annual goal								
Goal not addressed this reporting period								
Goal met								

Comments:

Measurable Benchmarks/Objectives: (Optional: *only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.*)

3. IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal #: _____

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Periodic Progress Report

Progress Toward the Goal

Date of Report	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Making progress toward annual goal								
Not making progress toward annual goal								
Goal not addressed this reporting period								
Goal met								

Comments:

Measurable Benchmarks/Objectives: (Optional: *only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.*)

Student Name: _____ Date of IEP: _____

4. Reporting Progress

When Progress will be reported to the parent(s)/guardian(s)

☐ Quarterly ☐ Bi-Quarterly ☐ Semester ☐ Annually ☐ Other:

5. Services Summary

	Amount	Frequency	Location	Begin Date*	End Date*
Special Education Services					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Related Services					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N/A					
Supplementary Aids/Services					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N/A					
Program Modifications and Accommodations					
<input type="checkbox"/> Documented on alternate Form I					
<input type="checkbox"/> N/A					
Supports for School Personnel					
<input type="checkbox"/> Documented on alternate Form I					
<input type="checkbox"/> N/A					

*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.

6. Transportation as a Related Service

- ☐ The student **does not** require transportation as a related service.
- ☐ The student requires transportation as a necessary related service.
- The student needs accommodations or modifications for transportation.
- ☐ No ☐ Yes
- If yes, check any transportation accommodations/modifications that are needed.
- ☐ Wheelchair lift
- ☐ Child safety restraint system. Specify: _____
- ☐ Door to door pick-up and drop-off
- ☐ Aide
- ☐ Other. Specify: _____

7. Regular Education Participation

Extent of Participation in Regular Education

For Preschool: Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities)?

- ☐ Yes.
- ☐ No. If no:
- a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP) _____
 - b. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate.

For K-12: The regular education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment?

- ☐ Yes.
- ☐ No. If no, describe below to what extent the student will not participate **and** why full participation is not appropriate.

Participation in Physical Education

The student will participate in:

- ☐ Regular physical education
- ☐ Regular physical education with accommodations as addressed in this IEP
- ☐ Adapted physical education (includes special PE, adapted PE, movement education and motor development)
- ☐ No physical education activities are required for one of the following reasons:
- ☐ Credit already earned
 ☐ Credit waived
 ☐ Child is preschool age
 ☐ Other:

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

8. Placement Considerations and Decision

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

For K-12: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Outside regular class less than 21% of time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

Placement Continuum (K-12)

	Considered	Selected	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class less than 21% of time
2.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class 21-60% of time
3.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class more than 60% of time
4.	<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility
5.	<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility
6.	<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility
8.	<input type="checkbox"/>	<input type="checkbox"/>	Homebound/hospital

Placement Options (ECSE)

	Considered	Selected	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
2.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
3.	<input type="checkbox"/>	<input type="checkbox"/>	Home
4.	<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
6.	<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Separate school
8.	<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home

For K-12 students: Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?

- ☐ Yes.
- ☐ No. If NO, explain why another school/setting is required

Student Name: _____ Date of IEP: _____

Alternate Form I

Indicate below the accommodations and modifications for the student to be used in general and/or special education and supports to be provided to school personnel.

Location												Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:	Modifications/Accommodations	Daily	Weekly	Monthly	Other:	Beg. Date	End Date
											1. Grading						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use weekly grade checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											2. Text						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide home set of textbooks/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapted or simplified text/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											3. Lectures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											4. Test/Exams						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read test to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record student responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											5. Environment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alter physical room arrangement (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments for speech intelligibility/fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study carrel for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											6. Assignments						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read or tape record directions to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directions given in a variety of ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Student Name: _____ Date of IEP: _____

Location												Modifications/ Accommodations	Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:	Daily		Weekly	Monthly	Other:	Beg. Date	End Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide structured time for organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Reinforcement																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use positive/concrete reinforcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check often for understanding/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent eye contact/proximity control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Pacing																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for oral responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for written responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Other (Specify)																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Supports for School Personnel																		
Specialized Material (Specify)																		
Training (Specify)																		
Consultant Services (Specify)																		
Other:																		
Other:																		
Other:																		

Student Name: _____ Date of IEP: _____

(Optional form)

Data Collection Page

(For district use only—not a part of the IEP document)

Student Ethnicity and Gender Codes (check one in each category)

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American (Not Hispanic)
- ☐ Hispanic or Latino
- ☐ White (Not Hispanic)

Gender

- ☐ Male
- ☐ Female

Disability Category (check one)

- ☐ Autism
- ☐ Deaf/Blindness
- ☐ Emotional Disturbance
- ☐ Hearing Impairment and Deafness
- ☐ Mental Retardation
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impairments
- ☐ Specific Learning Disabilities
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment/Blind
- ☐ Young Child with a Developmental Delay

Placement Code (check one)

Students ages 5K-21:

- ☐ Outside regular class less than 21% of time
- ☐ Outside regular class 21-60% of time
- ☐ Outside regular class more than 60% of time
- ☐ Public separate school (day) facility
- ☐ Private separate school (day) facility
- ☐ Homebound/hospital
- ☐ Public residential facility
- ☐ Private residential facility

Students ages 3-5:

- ☐ Early childhood setting
- ☐ Early childhood special education setting
- ☐ Home
- ☐ Part-time early childhood/part-time early childhood special education
- ☐ Residential facility
- ☐ Separate school
- ☐ Itinerant service outside the home

Also check if in:

- ☐ State Board Operated Program: ☐ MSB ☐ MSD ☐ SSSH
- ☐ Private Agency: ☐ Publicly placed ☐ District (IEP) placed
- ☐ Correctional facility: ☐ State adult (DOC) ☐ Adult local ☐ Juvenile ☐ DYS

Student Name: _____ Date of IEP: _____

Form A: Blind and Visually Impaired

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

☐ **No.** The student does not need Braille/Braille instruction. If no, complete the following.

The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

☐ **Yes,** the student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:

Date on which Braille instruction will begin: ____/____/____ and duration of each session _____.

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

☐ A referral to Rehabilitation Services for the blind has been discussed with the parent.

The parent: ☐ agreed to ☐ refused the referral.

Student Name: _____ Date of IEP: _____

Form B: Extended School Year

Determination of ESY eligibility and/or services can be conducted by:

- The IEP team determining ESY eligibility and/or services at the annual meeting
- The parent and authorized representative of the Local Educational Agency or the IEP team determining ESY eligibility and/or services at a later date by amending the IEP.
- Document ESY decisions on this page. Attach IEP Addendum Page to the front of the IEP to document ESY decisions made after the initial or annual IEP meeting amendment.

ESY Eligibility Decision:

- ☐ The student is not eligible for ESY services.
- ☐ The student is eligible for ESY services. (Document services below)

Services to be provided during Extended School Year

Goal #	Description of Services	Amount	Frequency	Location	Begin Date	End Date

Student Name: _____ Date of IEP: _____

Form C: Transition Services Plan

This plan was developed considering the individual student's needs, preferences and interests.

This form must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually.

Part 1. Measurable Postsecondary Goal(s) The goal(s) listed below are based upon the results of age-appropriate Transition Assessments related to each of the following areas: Training, Education, Employment, and, where appropriate, Independent Living.

--

Part 2. Transition Services. Include a statement of the needed transition service(s) in the areas listed. Each goal(s) above must have a service. Each service must include the course of study needed to assist the student in meeting his/her postsecondary goal(s).

Area	Description of Services: services must address above stated goal(s)	Course of Study: to assist student in meeting above stated goal(s)
Training <input type="checkbox"/> N/A		
Education <input type="checkbox"/> N/A		
Employment <input type="checkbox"/> N/A		
Independent Living <input type="checkbox"/> N/A		

Student will graduate by: ☐ earning required credits ☐ meeting IEP goals and objectives.

Anticipated month and year of graduation: ____/____

Form D-Part 1: State Assessments
☐ **The student will participate in the following Missouri Assessment Program assessments:**

Subject/Grade	3	4	5	6	7	8	10	11
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comm. Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
MAP-A Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAP-A Comm. Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

☐ Accommodations are not needed for the student to participate.

☐ Accommodations are needed for Math and Communication Arts. Complete, Form D-Part 2

☐ The student has been determined eligible for the MAP-A

- Include a statement of why the child cannot participate in the regular assessment

- Explain why the alternate assessment selected is appropriate.

Form D-Part 2: State Accommodations**NOTE: For Instructional Accommodations and Modifications use Form I.****Accommodations***Check all accommodations to be provided to this student, see Note (4)***MATH****Administration Accommodations**

01	Braille edition of assessment	<input type="checkbox"/>
02	Large-print edition of assessment	<input type="checkbox"/>
04	Oral reading of assessment	<input type="checkbox"/>
05	Signing of assessment (directions only)	<input type="checkbox"/>
06	Paraphrasing, see Note (2)	<input type="checkbox"/>
10	Other Administrative Accommodations	<input type="checkbox"/>
	use of assistive devices	<input type="checkbox"/>
	use of visual aids	<input type="checkbox"/>
	Other: <i>Specify</i>	<input type="checkbox"/>

Timing Accommodations

20	Extend time allotted to complete Terra Nova survey, see Note (3)	<input type="checkbox"/>
21	Administer test using more than allotted periods	<input type="checkbox"/>
22	Other Timing Accommodation: <i>Specify</i>	<input type="checkbox"/>

Response Accommodations

35	Use of scribe to record student response in test booklet	<input type="checkbox"/>
	Student taped response	<input type="checkbox"/>
	Signed response	<input type="checkbox"/>
	Pointing to respond	<input type="checkbox"/>
	Oral response	<input type="checkbox"/>
	Use of a brailer	<input type="checkbox"/>
	Use of communication device	<input type="checkbox"/>
39	Use of Calculator, Math tables, etc.	<input type="checkbox"/>
44	Other Response Accommodations	<input type="checkbox"/>
	Use of computer/word processor/typewriter for responding	<input type="checkbox"/>
	Other: <i>Specify</i>	<input type="checkbox"/>

Setting Accommodations

50	Testing individually	<input type="checkbox"/>
51	Testing with small groups	<input type="checkbox"/>
53	Other Setting Accommodations: <i>Specify</i>	<input type="checkbox"/>

COMMUNICATION ARTS**Administration Accommodations**

01	Braille edition of assessment	<input type="checkbox"/>
02	Large-print edition of assessment	<input type="checkbox"/>
04	Oral reading of assessment, see Note (1)	<input type="checkbox"/>
05	Signing of assessment (directions only)	<input type="checkbox"/>
06	Paraphrasing, see Note (2)	<input type="checkbox"/>
10	Other Administrative Accommodations	<input type="checkbox"/>
	use of assistive devices	<input type="checkbox"/>
	use of visual aids	<input type="checkbox"/>
	Other: <i>Specify</i>	<input type="checkbox"/>

Timing Accommodations

20	Extend time allotted to complete Terra Nova survey, see Note (3)	<input type="checkbox"/>
21	Administer test using more than allotted periods	<input type="checkbox"/>
22	Other Timing Accommodation: <i>Specify</i>	<input type="checkbox"/>

Response Accommodations

35	Use of scribe to record student response in test booklet	<input type="checkbox"/>
	Student taped response	<input type="checkbox"/>
	Signed response	<input type="checkbox"/>
	Pointing to respond	<input type="checkbox"/>
	Oral response	<input type="checkbox"/>
	Use of a brailer	<input type="checkbox"/>
	Use of communication device	<input type="checkbox"/>
39	Use of Calculator, Math tables, etc.	<input type="checkbox"/>
44	Other Response Accommodations	<input type="checkbox"/>
	Use of computer/word processor/typewriter for responding	<input type="checkbox"/>
	Other: <i>Specify</i>	<input type="checkbox"/>

Setting Accommodations

50	Testing individually	<input type="checkbox"/>
51	Testing with small groups	<input type="checkbox"/>
53	Other Setting Accommodations: <i>Specify</i>	<input type="checkbox"/>

Note (1): Oral reading for Communication Arts invalidates the test resulting in the child being reported in Level Not Determined, except for children identified as Blind/Visually Impaired who use oral reading as their primary instructional method

Note (2): Paraphrasing test questions invalidates all MAP Assessments

Note (3): If used, the score cannot be compared with scores generated under standard conditions.

Note (4): Use of magnifying equipment, amplification equipment, graph paper and testing with teacher facing student are not listed as accommodations as these are no longer required to be reported as accommodations for the MAP subject area assessments.

Student Name: _____ Date of IEP: _____

Form E: District-Wide Assessments

☐ The student **WILL** participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level:

District Assessment	Accommodations
	Accommodations needed for the student to participate in this assessment are:
	Accommodations needed for the student to participate in this assessment are:

☐ The student **WILL NOT** participate in the District-Wide Assessment(s) of Student Achievement administered at their grade, But, they will participate in the following District-wide Alternate Assessments for this student's grade level: **NOTE: Alternate assessment must assess the same areas as the District-wide assessment.**

Name of District-Wide Assessment:	Name/Description of Alternate Assessment:
	<ul style="list-style-type: none">Statement of why the child cannot participate in the regular assessmentWhy the particular alternate assessment selected is appropriate.
Name of District-Wide Assessment:	Name/Description of Alternate Assessment:
	<ul style="list-style-type: none">Statement of why the child cannot participate in the regular assessmentHow the particular alternative assessment is appropriate.